

EXHIBIT 9



Banner Life Insurance Company
3275 Bennett Creek Avenue
Frederick, Maryland 21704
800-638-8428
www.LGAmerica.com

Proof of Loss Claimant's Statement

Claim Number(s) LC109107 Policy Number(s) 181271893

Section A - All questions in this section pertain to the DECEASED person (the person who has died)

List all names and alternate spellings, including maiden name, nickname or alias: Angela, Lo, and ABS.

Insured's Social Security Number: [REDACTED] 4268. Insured's Date of Birth: [REDACTED] 1964.

Insured's Place of Birth: Stonewall, FL. Date of Death: 03/31/2023.

Cause of Death: _____

Manner of Death: ☐ Natural ☐ Suicide ☐ Homicide ☐ Accident

* Note: If the death was due to suicide, homicide, or an accident, we may require a police or coroner's report.

Place of Insured's death: Stonewall, GA. * Note: If the insured died outside of the U.S., additional information will be required.

Insured's Legal Residence (Street Address): [REDACTED]

City: Stonewall. State: GA. Zip: 30038.

Section B - All questions in this section pertain to the BENEFICIARY (the person/entity making the claim)

Beneficiary's Name: DeMario Delvin.

Date of Birth: [REDACTED] 1987. Daytime Phone: [REDACTED] Email Address: smithtruth@gmail.com.

Beneficiary's Residential Address: [REDACTED]

City: Orlando. State: FL. Zip: 32825.

Beneficiary's Mailing Address (if different than residential address): [REDACTED]

City: Windsor. State: FL. Zip: 34786.

Capacity under which you are making this claim CHECK one:

- ☒ Individual Beneficiary: If you request benefits to be paid to a funeral home, a copy of the assignment & bill is required
- ☐ Minors: Unless benefits are being paid under the Uniform Transfers/Gifts to Minors Act (UTMA/UGMA), proof of financial guardianship or guardianship of the minor's estate may be required. The Proof of Loss Claimant's Statement must be signed by the court appointed guardian and a Court Certificate of Appointment must be provided. In this case, the Minor's Social Security Number should be provided (below).
- ☐ Corporation: A Copy of the corporate resolution or proof of authorized officer is required. Enter Corporate Tax ID in Section C below. Claim form must be signed by Corporate Officer(s).
- ☐ Estate: A copy of the Certified Court Appointment of the Executor or Administrator of the Estate and the Estate Tax ID number (Section C) is required.
- ☐ Trust: Copy of the Trust or amendments may be required. Unless there is only one trustee or the trust document confers the authority to act alone, all trustees must complete and sign the Proof of Loss Claimant Statement, provide Trust Tax ID in Section C and complete Trust Certification in Section I.
- ☐ Collateral Assignee: A copy of the assignee's statement of interest must be provided. Claim form must be signed by the assignee or their authorized representative.
- ☐ Former Spouse: Please provide a copy of the divorce settlement agreement

Section C - Income Tax Certification - Enter Taxpayer Identification*Enter your Social Security Number if you are making the claim as an individual Beneficiary: [REDACTED] 2153. OREnter the Tax ID number if you are making the claim as a representative of an Estate, Trust or Corporation: N/A.

The number shown on this form is the correct taxpayer identification number for the individual/entity claiming the proceeds (or I am waiting for a Number to be issued) AND (please check one of the following to receive the death benefit proceeds):

☒ I am not subject to a Backup Tax Withholding because (a) I am exempt from Backup Tax Withholding or (b) I have not been notified by the IRS that I am subject to Backup Tax Withholding as a result of a failure to report all interest or dividends, or (c) The IRS has notified me that I am no longer subject to Backup Tax Withholding (does not apply to real estate transactions, mortgage interest paid, the acquisitions or abandonment of secured property, contributions to an individual retirement arrangement (IRA), and payments other than interest and dividends).

☐ I am subject to Backup Tax Withholding

Also, please check if applicable:

☒ I am a U.S. person (including a U.S. resident alien)* *If a Foreign citizen see Section D

Section D - Foreign Citizen/Resident

(Complete this section only if you are NOT a US Citizen or if you are residing in a foreign country)

Country of Residence: N/A. Country of Citizenship: N/A.If you are a resident of a foreign country, a W-8BEN must be completed and submitted with the claim paperwork. The form can be found at: <http://www.irs.gov/pub/irs-pdf/fw8ben.pdf>**Section E - Children Certification**

Complete this section only if you have been informed that the beneficiary designation is listed as "Children of the Insured", "Children Born of the Marriage" or if there are children under the age of 25 that are insured under a Child Rider attached to the policy. Please list all children below. Attach an additional page if needed.

Child	Birth Date	Parent Names
Name <u>DeMario Belvin.</u>	month/day/year <u>[REDACTED] 1987.</u>	Mother <u>Breanda Belvin.</u>
Address <u>[REDACTED]</u>	Social Security Number <u>[REDACTED] 2153.</u>	Father <u>Angelo Belvin.</u>
<u>Windermere, FL 34786</u>		
Name	month/day/year	Mother
Address	Social Security Number	Father
Name	month/day/year	Mother
Address	Social Security Number	Father
Name	month/day/year	Mother
Address	Social Security Number	Father
Name	month/day/year	Mother
Address	Social Security Number	Father

Section F - Settlement Options

A lump sum claim payment will be made on all claims unless either the owner of the policy prior to the insured's death or the named beneficiary at the time the claim is made chooses an optional form of settlement from those outlined in the policy contract. Before selecting an optional form of settlement, we recommend that you consult a tax advisor to discuss potential tax consequences. If you have specific questions about any of the options, you may contact the Claims Department.

Section G - IRS Form 712If you require an IRS Form 712 (Life Insurance Statement) for estate tax purposes, please check this box. ☐

Section H - Trust Certification

Read this section carefully and complete only if you are a Trustee of the Trust that is making a claim for the policy proceeds.

By Signing this Proof of Loss Claimant Statement you certify and declare:

- That the named trust is in full force and effect.
- That you are a current Trustee of the named trust and have not resigned or been replaced.
- That you are acting within the scope of the authority conferred on you by the named trust.
- Agree that the Company shall have no obligation to verify that the named trust is in effect or that you are acting within the scope of your authority.
- Agree that the Company may discharge its obligations under the policies named in this form by relying solely on the signature of the current trustee(s).
- Agree that proof of payment of the policy proceeds to the trustee(s) will be final and conclusive evidence that payment was made and that all claims and demands of the trustee(s) against the Company will have been satisfied.

Name of Trust DeMario Belvin

Date of Trust 3/31/2023

Name of Trustee(s) D. B.

If more than one trustee, unless the trust document confers on one trustee the authority to act alone, then all trustees must sign this Proof of Loss Claimant Statement.

Section I - Policy and Death Certification

Please indicate all statements that apply.

- ☒ A certified copy of the death certificate is enclosed.
- ☐ The original policy(ies), is enclosed.
- ☐ The original policy(ies), or a copy/copies, cannot be found. The undersigned hereby represents that the above numbered policy was lost or destroyed. This policy is not now assigned, nor has it been otherwise transferred or encumbered in any manner. No person, firm or corporation has or claims the right to possession of this policy.

Note: Please ensure that you submit the appropriate documents and complete all applicable sections of this form. Although every effort is made to ensure prompt payment of benefits, your claim may be delayed if information is missing or additional information is needed to comply with claims procedures or Federal or State laws. Please be aware, we are unable to return the original death certificate.

Beneficiary's Signature REQUIRED

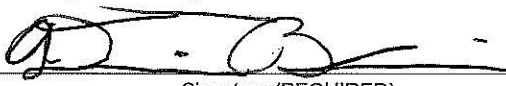
By signing below, you

- Make claim to the proceeds and declare that you have the authority to claim in the capacity you have indicated.
- Declare that all answers recorded in this Proof of Loss Claimant's Statement are true and complete.
- Agree that our furnishing of the Proof of Loss Claimant's Statement and any supplemental forms is not an admission that insurance was in force on the Insured's life, nor a waiver of our rights of defenses.

Any person who knowingly, with intent to defraud an insurance company or other persons, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. Please refer to the enclosed page entitled STATE VARIATIONS OF FRAUD WARNINGS for specific notices required in certain jurisdictions.

I certify, under penalty of perjury, that the Social Security or Taxpayer Identification Number and back-up withholding status information in Section C are correct.

"The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid back-up withholding".

X  Angelo Belvin Date 3/31/2023
Signature (REQUIRED)

Claimant's Statement Fraud Notices

Some states require us to provide the following Claim Fraud Warning Statements to you:

Fraud Warning for Alaska Residents

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Fraud Warning for Arizona Residents

For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Fraud Warning for Arkansas and West Virginia Residents

Any person who knowingly present a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Fraud Warning for California Residents

For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Fraud Warning for Colorado Residents

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Fraud Warning for Delaware, Idaho and Indiana Residents

Any person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information is guilty of a felony.

Fraud Warning for District of Columbia Residents

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

Fraud Warning for Florida Residents

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Fraud Warning for Kentucky Residents

Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

Fraud Warning for Maine, Tennessee and Virginia Residents

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

Fraud Warning for Maryland Residents

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Fraud Warning for Minnesota Residents

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Fraud Warning for New Hampshire Residents

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment of insurance fraud, as provided in RSA 638:20.

Fraud Warning for New Jersey Residents

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Fraud Warning for New Mexico Residents

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Fraud Warning for Ohio Residents

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Fraud Warning for Oklahoma Residents

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Fraud Warning for Oregon

Any person who knowingly and with intent to defraud, or solicits another to defraud, an insurer by submitting an application or filing a claim containing any false or deceptive material information may be guilty of insurance fraud.

Fraud Warning for Pennsylvania Residents

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Fraud Warning for Rhode Island Residents

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Fraud Warning for Texas Residents

Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Fraud Warning for Washington Residents

NOTICE: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.